Developing and Implementing a PrEP Demonstration/Implementation Hybrid in a Community-Based Health Center

Sarit A. Golub, PhD, MPH
Anita Radix, Amy Hilley, Anthony Catalanotti & Sharon Marazzo
Disclosures

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  Inna Saboshchuk, Anthony Surace, Louisa Thompson

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The participants who give their time and energy to our work
If you build it…

...will they come?
How should we think about PrEP and condom use?
What can PrEP do?

(in addition to prevent HIV)
SPARK is designed to evaluate an intervention in which PrEP is introduced, provided, and supported as part of regular care in a community health center.
Callen-Lorde Community Health Center

*Largest LGBT health center in NYC*

*Provides 80,000 visits/year to over 15,000 patients*

- Primary care
- Comprehensive HIV Primary care
- Sexual health
- Mental health
- Dental clinic
- Transgender health
Callen-Lorde Community Health Center

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1. Patients are **referred**, rather than recruited.
   - HIV Counseling and Testing (34%)
   - Sexual Health Clinic (14%)
   - Primary Care appointments (17%)
   - PEP (11%)

70% of referrals come from counselors
17% are from medical providers
2. The decision about whether or not to take PrEP happens after study enrollment.
SPARK *Study Design*

3. Patients can self-refer because of concern for *future* risk behavior.
SPARK Study Design

4. SPARK is fully integrated into the clinic
   - All SPARK staff with patient contact are clinic staff
   - SPARK visits are regular clinic visits
   - All PrEP information and follow-up data are integrated into the EMR.
In SPARK’s first four months...

- 245 patients have been referred (~ 60/month)
- 93 patients have enrolled (~ 23/month)
- 75 are scheduled for visits (through September)
- Screen/Enrollment rate is 97%

Of the 93 patients enrolled, 
88 (95%) decided to take PrEP
### Reasons for Referral ($n = 302$)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Patients Referred</th>
<th>Referred who have enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Sex with HIV+ partner</td>
<td>106</td>
<td>35%</td>
</tr>
<tr>
<td>Condomless Anal Sex (SNC)</td>
<td>222</td>
<td>74%</td>
</tr>
<tr>
<td>Recent STI Diagnosis</td>
<td>28</td>
<td>9%</td>
</tr>
<tr>
<td>Self-reported HIV concern</td>
<td>178</td>
<td>59%</td>
</tr>
</tbody>
</table>

*Note:* Percentages don’t sum to 100% because patients may report more than one risk factor.
<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+ Main Partner</td>
<td>22</td>
<td>25%</td>
</tr>
<tr>
<td>SNC with HIV+ Main Partner</td>
<td>12</td>
<td>14%</td>
</tr>
<tr>
<td>SNC with HIV+ Casual Partner</td>
<td>26</td>
<td>30%</td>
</tr>
<tr>
<td>SNC with Unknown-Status Partner</td>
<td>38</td>
<td>43%</td>
</tr>
<tr>
<td>SNC with Non-monogamous Main Partner</td>
<td>14</td>
<td>16%</td>
</tr>
<tr>
<td>SNC with HIV-negative Casual Partner</td>
<td>39</td>
<td>44%</td>
</tr>
<tr>
<td>Sex Work (in past 30 days)</td>
<td>16</td>
<td>18%</td>
</tr>
<tr>
<td>None of these risk factors:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

None of these risk factors: 3 (3%)
Sexually Transmitted Infections

- 16 patients (18%) had been diagnosed with an STI in the 6 months prior to baseline
- 12 patients (14%) were diagnosed with a new STI at their baseline visit
- 4 patients (5%) were diagnosed with a new STI both in past 6 months and at baseline

I worry a lot about getting an STD 57%

If I got an STD, it would be serious 35%
Risk Perception

Likelihood of Getting HIV

- < 25%: 50%
- 25-49%: 12%
- 50-74%: 27%
- 75% +: 11%

I worry about getting HIV...

- Rarely: 10%
- Sometimes: 63%
- Most of the Time: 19%
- All the time: 8%
HIV Rumination

I think about HIV **during** sex...

- **Never**: 6%
- **Rarely**: 11%
- **Sometimes**: 34%
- **Most of the Time**: 36%
- **All the time**: 13%

- "Is this person positive? I want to have unprotected sex, but I’m scared. I hate condoms."
- "Whilst having sex I do often tend to contemplate if right in that moment I am contracting HIV."
- "Will I catch it this time? How do I minimize certain contact?"
SPARK Early Lessons

- People are interested in PrEP.
SPARK Early Lessons

- People are interested in PrEP.
- PrEP does not seem to be attracting people “away” from condom use.
People are interested in PrEP.

PrEP does not seem to be attracting candidates for risk compensation.

PrEP may be particularly important for its psychological impact.
SPARK *Early Lessons*

- People are interested in PrEP.
- PrEP does not seem to be attracting candidates for risk compensation.
- PrEP may be particularly important for its psychological impact.
- PrEP can reframe HIV prevention.
SPARK... new possibilities

PrEP as a stigma *reduction* intervention?
How would you define your ideal sex life?

“To be honest, my ideal sex life would be with no condoms, but you can never really say that because people freak out”

- Monogamous, loving partner: 55%
- Freedom from anxiety and guilt: 48%
- Full of pleasure and fulfillment: 48%
“Hard questions for hard times. But whatever happened to our great gay imaginations?”

“Our challenge is to figure out how to have gay, life-affirming sex, satisfy emotional needs, and stay alive!”
Thank you!
sarit.golub@hunter.cuny.edu

www.cunyhart.org
## SPARK Demographics (n = 88)

<table>
<thead>
<tr>
<th>Age</th>
<th>22-52, M = 34.1, SD = 7.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>22 (25%)</td>
</tr>
<tr>
<td>NH White</td>
<td>49 (56%)</td>
</tr>
<tr>
<td>NH Black</td>
<td>6 (7%)</td>
</tr>
<tr>
<td>Other/Multi-racial</td>
<td>11 (12%)</td>
</tr>
<tr>
<td>Yearly Income</td>
<td></td>
</tr>
<tr>
<td>Under $20,000</td>
<td>22 (25.0%)</td>
</tr>
<tr>
<td>$20,000-$50,000</td>
<td>33 (37.5%)</td>
</tr>
<tr>
<td>Over $50,000</td>
<td>33 (37.5%)</td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>36 (41%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>9 (10%)</td>
</tr>
<tr>
<td>Uninsured</td>
<td>43 (49%)</td>
</tr>
<tr>
<td>Main Partner</td>
<td></td>
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<tr>
<td>Spouse/partner/boyfriend</td>
<td>42 (47.7%)</td>
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</tbody>
</table>
Research Questions

1. **Uptake:** Will CLCHC patients want PrEP?

2. **Persistence:** How long will patients who start PrEP continue taking the medication?

3. **Adherence:** Will patients take the medication consistently enough to have positive effects?

4. **Risk Behavior:** How will PrEP use impact sexual behavior and STI incidence?
**Intervention Arm**
Sexual Health Counseling Intervention

- **Accepts PrEP**
- **Declines PrEP**

**Control Arm**
Basic PrEP Education

- **Offers PrEP**
- **Accepts PrEP**
- **Declines PrEP**

**Standard of Care (SOC)**
PrEP Information and Education

**Enhanced Intervention**
SOC Intervention plus Targeted Counseling
Check-in at 2/6/10 wks

Follow-up every 3 months
- HIV and STI testing
- Assessment of Adherence and Risk Behavior
- Assessment of Adverse Effects

Follow-up at 3 & 12 months
- HIV and STI testing
- Assessment of Risk Behavior

**Figure 1. Research Design**
6. At increased risk for HIV acquisition, based on at least one of the following:

- Unprotected anal sex in the past 6 months; or
- Anal sex with known HIV+ partner in the past 6 months; or
- Diagnosed with rectal or urethral gonorrhea or Chlamydia; or syphilis in the past 6 months; or
- Black or African-American race/ethnicity; or
- Self-reported concern about HIV-exposure in the next 3 months.
Welcome! This website is designed for participants in the SPARK project. The goal of SPARK is to help individuals decide whether or not PrEP (a.k.a. Pre-Exposure Prophylaxis) should be part of their sexual health plan for staying HIV-negative. SPARK also provides support for those who decide to take PrEP...and those who don’t!

If you are considering PrEP as part of SPARK, please take a moment to click through our site. We have pages with PrEP facts in plain language, scientific trial data and articles for those who like graphs and numbers, links to personal stories and experiences of those taking PrEP, and videos that bring the issues to life.

SPARK is a project of Callen-Lorde Community Health Center and the Hunter HIV/AIDS Research Team (HART)
- Taking PrEP would mean you can have sex without using condoms 30 agree
- Having PrEP available will make safer sex less important 19 agree
- More likely to have sex without a condom 49 agree
- No knowing if there are long-term side effects makes me uncomfortable 47
- I would be uncomfortable taking HIV meds when I don’t have HIV 16
- I would worry that other would think I have HIV if they knew I was on PrEP 8
- I would worry what other people thought of me if they knew I was on PrEP 17
- Ashamed to tell I’m on PrEP 6